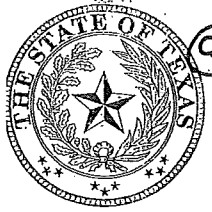


Texas Department of Criminal Justice



STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2021003195

Date Received: SEP 08 2020

Date Due: 10.18.20

Grievance Code: 800

Investigator ID #: 12644

Extension Date: 11/27/20

Date Ret'd to Offender: OCT 19 2020

A-H DEC 08 2020

Offender Name: Adam Hornsby TDCJ # 1589373

Unit: Beto Housing Assignment: F 129

Unit where incident occurred: F 129 and on the run.

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sergeant Wilcoxson SEP 08 2020 When? 9-5-20

What was their response? Had me taken to medical

What action was taken? I'm supposed to see medical again

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 9-2-20 LT Beusch walked up to my cell with officer's Street and COFER. LT Beusch told me to cuff up. I told her hold on I have a NO CUFF to ARM PASS instead she called an I.C.S. told the picket boss to call the cell with out the camera and gave an order to OFFICER Justin Street to Kick his ASS. OFFICER Street and OFFICER Jason COFER came into the cell. OFFICER COFER slammed me on my right side causing me severe pain to my already injured ARM while OFFICER COFER has my right arm shoved behind my back OFFICER Street was punching me in the left side of my head causing a black eye my teeth started bleeding again from impact of my head hitting the floor. OFFICER COFER caused nerve damage to my wrist and hurt my back and shoulder. I was taken out of my cell and placed on the wall while all of my property got taken i was trying to let the camera recording know how i was extracted from my cell with out the camera and beat up. LT Bryanna Beusch told me to go back in the cell i told her i'm trying to get all of the illegal stuff she did to me on camera she gassed me and had me put back in the cell. Three fow was flooding so she had the water turned off for four and a half hours i could not decontaminate due to not having any access to water and the gas was all in my eye's at 7:30pm the guard let me shower at no time did i get to go to medical that day. Sergeant Larsen told me that a nurse did the

SEP 08 2020

report this is untrue on 9-5-20 Nurse King did a report and she told me no one did any report on the use of force. She said i might have nerve damage and i have a hard time seeing out of my left eye. On 9-2-20 I was also told i could not use the phone because Sergeant Larsen told him not to let me call anyone on 9-7-20 Sergeant Larsen told me i could not make a phone call due to LT Beusch telling him that i am on phone restriction. This is covid-19 everyone is allowed a phone call and i am not on restriction. This is a violation of my first amendment, sixth amendment, eighth amendment, amendment XIV and fourth amendment.

Action Requested to resolve your Complaint.

I want to see the Major and W.I. I want a person to come take statements about this

Offender Signature: Adam Lee Hornsby SEP 08 2020 Date: 9-7-20 SEP 08 2020

Grievance Response:

Your allegations have been investigated. The use of force you claimed was excessive was investigated on a unit level and found to be appropriate. That investigation was forwarded to The Office of the Inspector General (OIG) for further review, where it was determined that there was insufficient evidence to support opening an OIG investigation. No further action is warranted at this time.

Signature Authority:

William J. Wheat

William J. Wheat, Asst. Warden

Date: 10/6/20

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2 nd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3 rd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	

JAN 29 2021



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Adam Lee Hornsby TDCJ# 1589373
 Unit: Alfred Hughes Housing Assignment: 3A 55B
 Unit where incident occurred: Beto F129 / outside cell

OFFICE USE ONLY

Grievance # 2021 003195
 UGI Recd Date: DEC 17 2020
 HO Recd Date: DEC 17 2020
 Date Due: 1-19-21
 Grievance Code: 800
 Investigator ID#: 10964
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I am appealing the Step 1 because the warden states that the use of force was appropriate. This is called an illegal use of force. LT Beersch rolled my cell door with no justification and allowed two officers to assault me. LT Beersch had already called an I.C.S. if every thing was by the book what justification ~~she~~ ^{did} she have when she rolled my cell without waiting for the use of force camera/operator and allowed the two officers to assault me causing a broke bone in my right wrist. Consent with Medical i had no treatment the day of the use of force that was on 9-2-20 i had no Medical treatment until 9-5-2020 that was done by Donna King (RN) who stated no use of force was logged in to Medical on the use of force date. You have more then one violation on this claf I have had surgery from this use of force. Medical and dental along with mental health has documents of this assault. The officers had to conspire to do this use of force without waiting or the camera this shows the intent to harm me off camera. ~~the use of force camera~~ the use of force camera will show how tight the handcuff was already on my wrist causing it to break what reason if any was stated for the use of force and why did they use force before the camera got to the cell. I did not get any case because i did ~~nothing~~ nothing wrong. Why did O.I.G not investigate this I request that this gets properly investigated and that the claf

camera gets watched please review all of my Medical Record:
 and X-Rays. please look into why i did not get Medical attention
 after a Major use of force. I was left in the cell with no property
 and no water to decontaminate causing my left eye to mess up. Also i
 did not get this grievance back until 12-8-20 why is this no extension was filed

Offender Signature: Adam Lee Hornsby

Date: 12-10-2020

Grievance Response:

This issue has been reviewed by The Office of the Inspector General and that office has determined that there is insufficient evidence to warrant opening a case. No further action will be taken.

Signature Authority:

TJR

T. PHILLIPS

Date:

DEC 23 2020

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____